Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR		OTHER THAN SMALL ENTITY	
T	OTAL CLAIMS	j	20				-	RATE	FEE	7	RATE	FEE	
FC	DR		NUMBER	NUMBER FILED		BER EXTRA		BASIC FEE	+	OR		 	
TC	OTAL CHARGEA	ABLE CLAIMS	20mir	20minus 20=		. 70		X\$ 9=		OR	V240		
INE	DEPENDENT CI	LAIMS	2 mi	2 minus 3 =		* 9		X43=	_	OR	X86=		
ML	JLTIPLE DEPEN	NDENT CLAIM PI	RESENT					+145=		1		<u> </u>	
* If	the difference	e in column 1 is	less than ze	ero, enter	"0" in c	column 2	l	TOTAL	285	OR OR	+290≡ TOTAL	<u> </u>	
	С	CLAIMS AS A	/MENDEC) - PAR	T II			1017.2	707	10	OTHER	THAN	
		(Column 1)		(Column		(Column 3)		SMALL	ENTITY	OR	SMALLE		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***	71 4194	=	[X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						' [+145=		OR	+290=		
							L	TOTAL ADDIT. FEE			TOTAL ADDIT, FEE		
b_	A	(Column 1)		(Colum	nn 2)	(Column 3)	_	NDDII. FEL		1 -	WUII. FELL		
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	: **		= .		X\$ 9=		OR	X\$18=		
AME	Independent	l	Minus	***		=		X43=		OR	X86=		
	FIRST PHESE	NTATION OF MU	ILTIPLE DEP	ENDENI	CLAIM			+145=		OR	+290=		
							L	TOTAL DDIT: FEE		L	TOTAL ADDIT. FEE		
	·	(Column 1)		(Colum		(Column 3)	-	טטוז. רבב ב		· ·	(DDII. FEL	-	
MENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FO	SER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT			Minus	**	·	= .		X\$ 9=		OR	X\$18=		
AME		* NTATION OF MU	Minus	***	~: A184	=		X43=		OR	X86=		
	FIMO I PRESE	NIAHUN UF MU	LIPLE DEF	ENDENT	CLAIM			+145=		OR	+290=		
** If	f the "Highest Nurr	mn 1 is less than the mber Previously Pai	id For" IN THIS	S SPACE is I	less than	n 20. enter "20."	. L	TOTAL DDIT. FEE		_ L	TOTAL ADDIT. FEE	· .	
***	If the "Highest Nun	mber Previously Pai ber Previously Paid	aid For IN THIS	S SPACE is I	less than	n 3. enter "3."	~L		ropriate box				